

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan

Committee to  
PO Box 2569  
Madison, WI 53708

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>Xiomara Defesus-Cruz</u> Sign: <u>Xiomara Defesus-Cruz</u>	Street: <u>2682 S 9<sup>th</sup> St</u> City: <u>Milwaukee WI</u> Zip: <u>53215</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>1/4/2012</u> (Month) (Day) (Year)	Email <u>BabyXion</u> Phone <u>(414)</u>
2. Print: <u>Jocelyn Jordan</u> Sign: <u>Jocelyn Jordan</u>	Street: <u>1108 W Chambers</u> City: <u>Milwaukee WI</u> Zip: <u>53206</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>1/4/2012</u> (Month) (Day) (Year)	Email <u>Jocelyn</u> Phone <u>(414)</u>
3. Print: <u>Tierra James</u> Sign: <u>Tierra James</u>	Street: <u>9336 W Sheridan</u> City: <u>Milwaukee WI</u> Zip: <u>53225</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>1/5/2012</u> (Month) (Day) (Year)	Email <u>414</u> Phone <u>(414) 18</u>
4. Print: <u>Brittany Escalera</u> Sign: <u>Brittany Escalera</u>	Street: <u>2904 W Wisconsin</u> City: <u>Milwaukee</u> Zip: <u>53208</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>1/5/2012</u> (Month) (Day) (Year)	Email <u>(414) 73</u> Phone <u>( )</u>
5. Print: <u>Jessica James</u> Sign: <u>Jessica James</u>	Street: <u>9336 W Sheridan Ave #4</u> City: <u>Milwaukee</u> Zip: <u>53225</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>1/5/2012</u> (Month) (Day) (Year)	Email <u>20ms</u> <u>(414) 94</u> Phone <u>( )</u>

I, Mari Luna, (certify): I reside at 4035 S 23 St #5 Milwaukee  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

01 / 13 / 2012  
(Month) (Day) (Year)  
[Signature]  
(Signature of Circulator)

000601  
Official Use Only  
#                     

Circulators.  
Please include your contact

Phone  
(414) 5  
Email  
m414

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. <u>Randall Green</u> Print: <u>Randall Green</u> Sign: <u>Randall Green</u>	Street: <u>8768 Woodbridge Drive</u> City: <u>Greendale</u> Zip: <u>53129</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Greendale</u> (Municipality Name)	<u>11/20/2011</u> (Month) (Day) (Year)	Email: _____ Phone: _____ ( )
2. <u>Catherine Hulett</u> Print: <u>Catherine Hulett</u> Sign: <u>Catherine Hulett</u>	Street: <u>8704 Woodbridge Dr</u> City: <u>Greendale</u> Zip: <u>53129</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Greendale</u> (Municipality Name)	<u>11/20/2011</u> (Month) (Day) (Year)	Email: _____ Phone: _____ (414 )
3. <u>Mavis J. Green</u> Print: <u>Mavis J. Green</u> Sign: <u>Mavis J. Green</u>	Street: <u>5406 Montgomery Dr.</u> City: <u>Greendale WI</u> Zip: <u>53129</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Greendale</u> (Municipality Name)	<u>11/20/2011</u> (Month) (Day) (Year)	Email: _____ Phone: _____ (414 )
4. <u>Tim Brannecell</u> Print: <u>Tim Brannecell</u> Sign: <u>Tim Brannecell</u>	Street: <u>2417 Hansen Ave</u> City: <u>Recine</u> Zip: <u>53405</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Recine</u> (Municipality Name)	<u>12/4/2011</u> (Month) (Day) (Year)	Email: _____ Phone: _____ (262 )
5. <u>MARVIN STREMKER</u> Print: <u>Marvin Stremker</u> Sign: <u>Marvin Stremker</u>	Street: <u>3719 Massachusetts Ave</u> City: <u>Milwaukee</u> Zip: <u>53220</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>12/18/2012</u> (Month) (Day) (Year)	Email: _____ Phone: _____ ( )

I, Randall Green, (certify): I reside at 8768 Woodbridge Drive Greendale  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

01 / 08 / 12  
(Month) (Day) (Year)

Randall Green  
(Signature of Circulator)

Page 1 of 1 (Use Only)  
# \_\_\_\_\_

Return by:  
Committee  
PO Box 25  
Madison, WI

Circulators,  
Please include your contact information

Phone: \_\_\_\_\_  
(414 )  
Email: lchuth

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by J  
Committee  
PO Box 256  
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>DEBRA HEJDAK</u> Sign: <u>Debra Heydak</u>	Street: <u>1731 MANISTIQUE AVE</u> City: <u>So. Milwaukee</u> Zip: <u>53172</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>So. Milwaukee</u> (Municipality Name)	<u>12/2/2011</u> (Month) (Day) (Year)	Email Phone ( )
2. Print: <u>GREGORY HEJDAK</u> Sign: <u>Gregory Heydak</u>	Street: <u>1731 MANISTIQUE AVE</u> City: <u>So. Milwaukee</u> Zip: <u>53172</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>So. Milwaukee</u> (Municipality Name)	<u>12/2/2011</u> (Month) (Day) (Year)	Email Phone ( )
3. Print: <u>WALTER PELICAN</u> Sign: <u>Walter Pelican</u>	Street: <u>29125 White Oak Lane</u> City: <u>Waterford</u> Zip: <u>53185</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Waterford</u> (Municipality Name)	<u>12/2/2011</u> (Month) (Day) (Year)	Email Phone ( )
4. Print: <u>RUTH PELICAN</u> Sign: <u>Ruth Pelican</u>	Street: <u>29125 White Oak Lane</u> City: <u>Waterford WI</u> Zip: <u>53185</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Waterford</u> (Municipality Name)	<u>12/2/2011</u> (Month) (Day) (Year)	Email Phone ( )
5. Print: <u>LYNN BERNHARDT</u> Sign: <u>Lynn Bernhardt</u>	Street: <u>1716 Mackinac Avenue</u> City: <u>South Milwaukee</u> Zip: <u>53172</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>South Milwaukee</u> (Municipality Name)	<u>12/5/2011</u> (Month) (Day) (Year)	Email Phone ( )

Randall Green (Printed Name of Circulator) (certify): I reside at 8768 Woodbridge Drive (Circulator's Residence - Street Name and Number) Greendale (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

01 / 08 / 2012  
(Month) (Day) (Year)  
Randall Green  
(Signature of Circulator)

Page No. (Official Use Only)  
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Circulators.  
Please include your con

Phone  
(414) 414  
Email  
echo

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

**Return by J**  
Committee  
PO Box 256  
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. <u>Patricia Wisniewski</u> Print: <u>Patricia Wisniewski</u> Sign: <u>[Signature]</u>	Street: <u>3639 E. Hammond Ave.</u> City: <u>Cudahy WI</u> Zip: <u>53110</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Cudahy</u> (Municipality Name)	<u>11/17/2011</u> (Month) (Day) (Year)	Email: <u>[Blank]</u> Phone: <u>Plowish</u> ( <u>414</u> )
2. <u>Carmen Anderson</u> Print: <u>Carmen Anderson</u> Sign: <u>[Signature]</u>	Street: <u>2348 A E. Oklahoma Ave.</u> City: <u>Milwaukee</u> Zip: <u>53207</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>11/19/2011</u> (Month) (Day) (Year)	Email: <u>[Blank]</u> Phone: <u>Carm</u> ( <u>414</u> )
3. <u>Carlos Sanabria</u> Print: <u>Carlos Sanabria</u> Sign: <u>[Signature]</u>	Street: <u>3250 N. Bittersweet Circle</u> City: <u>West Bend</u> Zip: <u>53095</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>West Bend</u> (Municipality Name)	<u>11/20/2011</u> (Month) (Day) (Year)	Email: <u>CSAN</u> <u>CSAN</u> Phone: <u>[Blank]</u> ( <u>262</u> )
4. <u>Valerie Yodice</u> Print: <u>Valerie Yodice</u> Sign: <u>[Signature]</u>	Street: <u>1561 S. 74th St.</u> City: <u>West Allis</u> Zip: <u>53214</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>West Allis</u> (Municipality Name)	<u>11/20/2011</u> (Month) (Day) (Year)	Email: <u>[Blank]</u> Phone: <u>[Blank]</u> ( <u>414</u> )
5. <u>Manuel Ramirez</u> Print: <u>Manuel Ramirez</u> Sign: <u>[Signature]</u>	Street: <u>2753 S. Homan St.</u> City: <u>Milwaukee</u> Zip: <u>53207</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>11/20/2011</u> (Month) (Day) (Year)	Email: <u>[Blank]</u> Phone: <u>[Blank]</u> ( <u>414</u> )

I, Patricia Wisniewski (certify): I reside at 3639 E. Hammond Ave.  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Cudahy  
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 1 / 13 2012  
(Month) (Day) (Year)  
[Signature]  
(Signature of Circulator)

Page No. (Official Use Only)  
000604

**Circulators,**  
Please include your contact information

Phone: (414) 2  
Email: [Blank]

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return to

Committee  
PO Box  
Madison

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1. Print: <u>VICKI ERICKSON</u> Sign: <u>Vicki Erickson</u>	Street: <u>2514 9th Ave</u> City: <u>So Milwaukee</u> Zip: <u>53172</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>South Milwaukee</u> (Municipality Name)	<u>11/25/2011</u> (Month) (Day) (Year)	Email: <u>vicki</u> Phone: <u>(414)</u>
2. Print: <u>Tyler Shernell</u> Sign: <u>Tyler Shernell</u>	Street: <u>2386 Church St</u> City: <u>Whitefish</u> Zip: <u>53190</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Whitefish</u> (Municipality Name)	<u>11/25/2011</u> (Month) (Day) (Year)	Email: <u></u> Phone: <u>(414)</u>
3. Print: <u>Brian Shernell</u> Sign: <u>Brian Shernell</u>	Street: <u>919 E. Clarke St #3</u> City: <u>Milwaukee WI</u> Zip: <u>53212</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>11/25/2011</u> (Month) (Day) (Year)	Email: <u></u> Phone: <u>(414)</u>
4. Print: <u>PEGGY SHERNELL</u> Sign: <u>Peggy Shernell</u>	Street: <u>6446 N. 42nd St.</u> City: <u>Milwaukee WI</u> Zip: <u>53209</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MILWAUKEE</u> (Municipality Name)	<u>11/25/2011</u> (Month) (Day) (Year)	Email: <u></u> Phone: <u>(414)</u>
5. Print: <u>JOHN SHERNELL</u> Sign: <u>John Shernell</u>	Street: <u>6468 N. 42nd St</u> City: <u>MILWAUKEE WI</u> Zip: <u>53209</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MILWAUKEE</u> (Municipality Name)	<u>11/25/2011</u> (Month) (Day) (Year)	Email: <u>555</u> Phone: <u>(414)</u>

## Certification of Circulator

I, VICKI ERICKSON (certify): I reside at 2514 9th Ave So Milwaukee  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

Jan 1 12 12012 Vicki Erickson  
(Month) (Day) (Year) (Signature of Circulator)

Page No. (Official Use Only)  
000605

Circulators,  
Please include your

Phone

(

Email

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan

Committee to  
PO Box 2569  
Madison, WI

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1. Print: <u>Dee Christofferson - Robur</u> Sign: <u>[Signature]</u>	Street: <u>115 Grand Ave Thiensville,</u> City: <u>Thiensville</u> Zip: <u>53092</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Thiensville</u> (Municipality Name)	<u>11/20/2011</u> (Month) (Day) (Year)	Email  Phone <u>(262) 8</u>
2. Print: <u>Adrienne King-Roth</u> Sign: <u>[Signature]</u>	Street: <u>2891 S. 91st St</u> City: <u>Milwaukee</u> Zip: <u>53227</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>West Allis</u> (Municipality Name)	<u>11/20/2011</u> (Month) (Day) (Year)	Email  Phone <u>(414) 3</u>
3. Print: <u>Fadia Ali</u> Sign: <u>[Signature]</u>	Street: <u>7178 S. Karlington</u> City: <u>Franklin</u> Zip: <u>53132</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Franklin</u> (Municipality Name)	<u>11/20/2011</u> (Month) (Day) (Year)	Email  Phone <u>( )</u>
4. Print: <u>Oyeibuchi Oreedu</u> Sign: <u>[Signature]</u>	Street: <u>4344 N. 70th</u> City: <u>Milwaukee</u> Zip: <u>53216</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>11/20/2011</u> (Month) (Day) (Year)	Email  Phone <u>Oyeibuchi Oreedu</u> <u>(414) 4</u>
5. Print: <u>Debra Holtquist</u> Sign: <u>[Signature]</u>	Street: <u>2467 S 29th St</u> City: <u>West Allis</u> Zip: <u>53219</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>West Allis</u> (Municipality Name)	<u>11/21/2011</u> (Month) (Day) (Year)	Email  Phone <u>debholt</u> <u>(414) 3</u>

I, Patricia Wisniewski (Printed Name of Circulator)  
(Certify): I reside at 3639 E. Hammond Ave (Circulator's Residence - Street Name and Number)  
Cudahy, WI

Cudahy  
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 13 / 2012  
(Month) (Day) (Year)  
[Signature]  
(Signature of Circulator)

Page Number (Use Only)  
030608

Circulators,  
Please include your contact

Phone  
(414) 30  
Email

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by

Committee  
PO Box 25  
Madison, WI

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1. Print: <u>CLEMENCE KNITTER</u> Sign: <u>Clemence Knitter</u>	Street: <u>155 W. Sunnyside Dr. Apt 201</u> City: <u>Oak Creek</u> Zip: <u>53154</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Oak Creek</u> (Municipality Name)	<u>11/24/2011</u> (Month) (Day) (Year)	Email  Phone <u>(414)</u>
2. Print: <u>AMY KNITTER</u> Sign: <u>[Signature]</u>	Street: <u>5005 S GREENBROOK RD</u> City: <u>Greenfield</u> Zip: <u>53220</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Greenfield</u> (Municipality Name)	<u>11/24/2011</u> (Month) (Day) (Year)	Email  Phone <u>(414)</u>
3. Print: <u>HANNA LATHAN</u> Sign: <u>[Signature]</u>	Street: <u>4232 W Highland Blvd</u> City: <u>Milwaukee WI</u> Zip: <u>53208</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>12/1/2011</u> (Month) (Day) (Year)	Email <u>hanna</u> Phone <u>(414)</u>
4. Print: <u>Crystal Stinemetz</u> Sign: <u>Crystal Stinemetz</u>	Street: <u>2964 S. California St</u> City: <u>Milwaukee</u> Zip: <u>53207</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>12/1/2011</u> (Month) (Day) (Year)	Email  Phone <u>( )</u>
5. Print: <u>Carolyn Kurbonov</u> Sign: <u>Carol Kurbonov</u>	Street: <u>4848 N. Lydell Ave #128</u> City: <u>Glendale</u> Zip: <u>53217</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Glendale</u> (Municipality Name)	<u>12/1/2011</u> (Month) (Day) (Year)	Email  Phone <u>(414)</u>

## Certification of Circulator

I, Julia Neshewat, (certify): I reside at 2628 S. Superior St  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Milwaukee  
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

01 / 13 / 2012  
(Month) (Day) (Year)

[Signature]  
(Signature of Circulator)

Page No. (Official Use Only)  
000607

Circulators,  
Please include your contact information

Phone  
( )  
Email

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return to

Committee  
PO Box 2  
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CO
1. Print: <u>Simrit Dhalwal</u> Sign: <u>Simrit Dhalwal</u>	Street: <u>7833 W Hawthorne Rd</u> City: <u>Mequon</u> Zip: <u>53097</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Mequon</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>SKdhalwal@gmail.com</u> Phone <u>(414) 444-1111</u>
2. Print: <u>Tyler Traband</u> Sign: <u>Tyler Traband</u>	Street: <u>20795 Carrington Ct</u> City: <u>Brookfield</u> Zip: <u>53015</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Brookfield</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email  Phone <u>(414) 444-1111</u>
3. Print: <u>Ryan Alby</u> Sign: <u>Ryan Alby</u>	Street: <u>1850 N. Warren Ave</u> City: <u>Milwaukee</u> Zip: <u>53202</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email  Phone <u>(414) 444-1111</u>
4. Print: <u>LEAH Kowalewski</u> Sign: <u>Leah Kowalewski</u>	Street: <u>2851-A N. Stowell Ave</u> City: <u>Milwaukee</u> Zip: <u>53211</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email  Phone <u>(414) 444-1111</u>
5. Print: <u>Kevin Christensen</u> Sign: <u>Kevin Christensen</u>	Street: <u>3713 Morris Blvd</u> City: <u>Milwaukee</u> Zip: <u>53211</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Shorewood</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>niveb@milwaukee.gov</u> Phone <u>(608) 444-1111</u>

## Certification of Circulator

I, JEREMY KUZNIAR, (certify): I reside at 3275 S. NEW YORK AVE MILWAUKEE  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 13 / 2012  
(Month) (Day) (Year)

[Signature]  
(Signature of Circulator)

Page No. (Official Use Only)  
000608

Circulators,  
Please include your

Phone

Email



# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by January 11, 2011

Committee to Recall Governor Scott Walker  
PO Box 2569  
Madison, WI 53708

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. <u>Catherine McGee</u> Print: <u>Catherine McGee</u> Sign: <u>Catherine McGee</u>	Street: <u>222 N. 33rd St. #512</u> City: <u>Milwaukee, WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>11/21/2011</u> (Month) (Day) (Year)	Email: Phone: <u>(414) 15</u>
2. <u>Pamela McCoy</u> Print: <u>Pamela McCoy</u> Sign: <u>Pamela McCoy</u>	Street: <u>222 N. 33rd St. #4615</u> City: <u>Milwaukee</u> Zip: <u>53208</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>11/21/2011</u> (Month) (Day) (Year)	Email: Phone: <u>(414) 1</u>
3. <u>Dennis Lofton</u> Print: <u>Dennis Lofton</u> Sign: <u>Dennis Lofton</u>	Street: <u>222 N 33rd St #603</u> City: <u>Milwaukee</u> Zip: <u>53208</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>11/21/2011</u> (Month) (Day) (Year)	Email: Phone: <u>(414) 1</u>
4. <u>Connie R. Christian</u> Print: <u>Connie R. Christian</u> Sign: <u>Connie R. Christian</u>	Street: <u>6146 W. Spencer Pl</u> City: <u>Milwaukee</u> Zip: <u>53218</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>11/21/2011</u> (Month) (Day) (Year)	Email: Phone: <u>(414) 1</u>
5. <u>M. GRANT</u> Print: <u>M. GRANT</u> Sign: <u>M. GRANT</u>	Street: <u>222 N 33rd St</u> City: <u>Milwaukee</u> Zip: <u>53208</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>11/21/2011</u> (Month) (Day) (Year)	Email: Phone: <u>(414) 1</u>

## Certification of Circulator

I, Victoria Armour Veasley (certify): I reside at 222 N 33rd St #807 Milwaukee  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wis. Stats.

1 1 7 120 12  
(Month) (Day) (Year) Victoria Armour Veasley  
(Signature of Circulator)

Page No. (Use Only)  
# 609A

Circulators.  
Please include your contact information.

Phone:  
(414) 1  
Email:  
Victoria  
YA4001

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan

Committee to  
PO Box 2569  
Madison, WI 5

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. <u>Steven Henderson</u> Print: <u>Steven Henderson</u> Sign: <u>Steven Henderson</u>	Street: <u>2024 N. 13th</u> City: <u>Milwaukee</u> Zip: <u>53215</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>12/2/2011</u> (Month) (Day) (Year)	Email: <u>Stalker</u> Phone: <u>(414) 532-1515</u>
2. <u>Michelle Smith</u> Print: <u>Michelle Smith</u> Sign: <u>Michelle Smith</u>	Street: <u>2928 N. 24th Street</u> City: <u>Milwaukee</u> Zip: <u>53206</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>12/4/2011</u> (Month) (Day) (Year)	Email: <u>rhyma2</u> Phone: <u>(414) 532-1515</u>
3. <u>Al Thompson</u> Print: <u>Al Thompson</u> Sign: <u>Al Thompson</u>	Street: <u>2917 N 24th</u> City: <u>Milwaukee</u> Zip: <u>53206</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>12/4/2011</u> (Month) (Day) (Year)	Email: <u>rhyma2</u> Phone: <u>(414) 532-1515</u>
4. <u>Undray Williams</u> Print: <u>Undray Williams</u> Sign: <u>Undray Williams</u>	Street: <u>2928 N. 24th</u> City: <u>Milwaukee</u> Zip: <u>53206</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>12/4/2011</u> (Month) (Day) (Year)	Email: <u>rhyma2</u> Phone: <u>(414) 532-1515</u>
5. <u>Janice Smith</u> Print: <u>Janice Smith</u> Sign: <u>Janice Smith</u>	Street: <u>2928 N 24th St</u> City: <u>Milwaukee WI</u> Zip: <u>53206</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>12/4/2011</u> (Month) (Day) (Year)	Email: <u>Janice</u> Phone: <u>(414) 532-1515</u>

## Certification of Circulator

I, Victoria Armour Vearley (certify): I reside at 322 N 33rd St # 807  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

MILWAUKEE  
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stat.

1 / 7 / 2012  
(Month) (Day) (Year)

Victoria Armour Vearley  
(Signature of Circulator)

Page No. (Official Use Only)  
# 6098

Circulators,  
Please include your co

Phone: (414) 532-1515  
Email: Victoria  
Y A Hou

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by January

Committee to Recall  
PO Box 2569  
Madison, WI 53708

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. <u>Yanckina Owens</u> Print: <u>Yanckina Owens</u> Sign: <u>Yanckina Owens</u>	Street: <u>2412 N. 34th Street</u> City: <u>Milwaukee</u> Zip: <u>53208</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>11/21/20</u> (Month) (Day) (Year)	Email: Phone: <u>(414) 5</u>
2. <u>IRMA White</u> Print: <u>IRMA White</u> Sign: <u>IRMA White</u>	Street: <u>Milw. Wi. 53208</u> City: <u>222 N. 33rd</u> Zip: <u>53208</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>11/21/20</u> (Month) (Day) (Year)	Email: Phone: <u>(414)</u>
3. <u>Edward Lofton</u> Print: <u>Edward Lofton</u> Sign: <u>Edward Lofton</u>	Street: <u>222 N. 33rd St</u> City: <u>Milwaukee, WI</u> Zip: <u>53208</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>11/21/2011</u> (Month) (Day) (Year)	Email: Phone: <u>(414)</u>
4. <u>LYNN A. WELLS</u> Print: <u>LYNN A. WELLS</u> Sign: <u>L. Wells</u>	Street: <u>222 N. 33rd #711</u> City: <u>Milwaukee</u> Zip: <u>53208</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>11/21/2011</u> (Month) (Day) (Year)	Email: <u>414</u> Phone: <u>( )</u>
5. <u>Shirley Hunt</u> Print: <u>Shirley Hunt</u> Sign: <u>S. Hunt</u>	Street: <u>2911 S 69th St.</u> City: <u>Milw WI</u> Zip: <u>53219</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>11/21/2011</u> (Month) (Day) (Year)	Email: <u>Hunt</u> Phone: <u>(414)</u>

1. Victoria Armode Veasley (certify): I reside at 222 N 33rd St #807  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Milwaukee  
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 (Month) 17 (Day) 2012 (Year) Victoria Armode Veasley  
(Signature of Circulator)

Page No. (Official Use Only)  
# 000610

Circulators,  
Please include your contact information

Phone: (414)  
Email: Victoria  
YAHOO

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>Manuel Garcia</u> Sign: <u>Manuel Garcia</u>	Street: <u>2529 W Mitchell St</u> City: <u>Milwaukee</u> Zip: <u>53204</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>1/8/2012</u> (Month) (Day) (Year)	Email Phone ( )
2. Print: <u>Paula Peters</u> Sign: <u>Paula Peters</u>	Street: <u>2529 W Mitchell St</u> City: <u>Milwaukee</u> Zip: <u>53204</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>1/8/2012</u> (Month) (Day) (Year)	Email Phone (414)
3. Print: <u>Giovanna Ayala</u> Sign: <u>G. Ayala</u>	Street: <u>702 S. 29</u> City: <u>Milwaukee</u> Zip: <u>53218</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>1/9/2012</u> (Month) (Day) (Year)	Email Phone (414)
4. Print: <u>Melina Aytes</u> Sign: <u>Melina Aytes</u>	Street: <u>722 S 29th</u> City: <u>Milwaukee</u> Zip: <u>53215</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>1/9/2012</u> (Month) (Day) (Year)	Email Phone (414)
5. Print: <u>Lucia Huizar</u> Sign: <u>LUCIA HUIZAR</u>	Street: <u>Milwaukee 53215</u> City: <u>820 S. 29th St</u> Zip: <u>53215</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>1/9/2012</u> (Month) (Day) (Year)	Email Phone ( )

I, Tina M. Owen (certify): I reside at 706 A. S. 29th St Milwaukee  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 13 / 2012 Tina M. Owen  
(Month) (Day) (Year) (Signature of Circulator)

Page No. (Official Use Only)  
# 000611

Return by  
Committee  
PO Box 2  
Madison,

Circulators,  
Please include your

Phone  
(414)  
Email  
bbyow

# REBECCA KLEEFISCH RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Lieutenant Governor Rebecca Kleefisch from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CO
1. <u>Paula Peters</u> Print: <u>Paula Peters</u> Sign: <u>Paula Peters</u>	Street: <u>2529 W. Mitchell St</u> City: <u>Milwaukee</u> Zip: <u>53204</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>1/8/2012</u> (Month) (Day) (Year)	Email: <u>fun22</u> Phone: <u>(414)</u>
2. <u>Giovanna Axila</u> Print: <u>Giovanna Axila</u> Sign: <u>Giovanna Axila</u>	Street: <u>706 S. 29th</u> City: <u>Milwaukee</u> Zip: <u>53215</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>1/9/2012</u> (Month) (Day) (Year)	Email: <u>(414)</u> Phone: <u>(414)</u>
3. <u>Melina Aviles</u> Print: <u>Melina Aviles</u> Sign: <u>Melina Aviles</u>	Street: <u>Milwaukee</u> City: <u>722 S. 29th</u> Zip: <u>53215</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> <sup>30</sup> (Municipality Name)	<u>1/9/2012</u> <sup>30</sup> (Month) (Day) (Year)	Email: <u>( )</u> Phone: <u>( )</u>
4. <u>LUCIA HUIZAR</u> Print: <u>LUCIA HUIZAR</u> Sign: <u>Lucia Huizar</u>	Street: <u>Milwaukee</u> City: <u>820 S 29th St</u> Zip: <u>53215</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> <sup>30</sup> (Municipality Name)	<u>1/9/2012</u> (Month) (Day) (Year)	Email: <u>( )</u> Phone: <u>( )</u>
5. <u>DAVID R</u> Print: <u>DAVID R</u> Sign: <u>David Ryan</u>	Street: <u>723 S 29th St</u> City: <u>MILWAUKEE</u> Zip: <u>WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MILWAUKEE</u> (Municipality Name)	<u>1/9/2012</u> (Month) (Day) (Year)	Email: <u>( )</u> Phone: <u>( )</u>

I, Tina M. Owen (certify): I reside at 706 A. S. 29th St Milwaukee  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 13 / 2012  
(Month) (Day) (Year)  
Tina M Owen  
(Signature of Circulator)

Page No. (Official Use Only)  
033812  
#

Return by  
Committee  
PO Box 2  
Madison,

Circulators.  
Please include your  
Phone  
(414)  
Email  
tdowen

# REBECCA KLEEFISCH RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Lieutenant Governor Rebecca Kleefisch from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan

Committee to P  
PO Box 2569  
Madison, WI 5

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: Bruce Hady Sign: Bruce Hady	Q260 S Lake PR # 1903 Street: City: Cudahy Zip: 53110	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Cudahy (Municipality Name)	12/01/2011 (Month) (Day) (Year)	Email Phone ( )
2. Print: Sherri Morris Sign: [Signature]	6960 Lincolnshire Circle Street: City: Milwaukee Zip: 53223	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee (Municipality Name)	12/24/2011 (Month) (Day) (Year)	Email Phone (414) 2
3. Print: Deborah Eckert Sign: [Signature]	107 S. Imperial Street: City: Hartland Zip: 53029	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Hartland (Municipality Name)	12/24/2011 (Month) (Day) (Year)	Email Phone ( )
4. Print: Julie Sherwin Sign: Julie Sherwin	925 W 26871 Wingo Way Street: City: Waukesha Zip: 53188	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Waukesha (Municipality Name)	12/28/2011 (Month) (Day) (Year)	Email Phone ( )
5. Print: Linda Dady Sign: Linda Dady	724 Marshall Ave Street: City: South Milwaukee Zip: 53172	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City South Milwaukee (Municipality Name)	01/13/2012 (Month) (Day) (Year)	Email Phone (414) 2

## Certification of Circulator

I, Linda Dady (certify): I reside at 724 Marshall Ave South Milwaukee Circulators,  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality) Please include your contact info

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

01 / 13 / 2012  
(Month) (Day) (Year)

Linda Dady  
(Signature of Circulator)

Page No. (Official Use Only)  
# 000013

Phone  
(414) 7  
Email  
ldady

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan

Committee to  
PO Box 2569  
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>Don Carbag</u> Sign: <u>Don Carbag</u>	Street: <u>222 N. 33rd</u> City: <u>Milwaukee</u> Zip: <u>53208</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>11/21/2011</u> (Month) (Day) (Year)	Email  Phone <u>(414)</u>
2. Print: <u>Nodie Williams</u> Sign: <u>Nodie Williams</u>	Street: <u>222 N 33rd</u> City: <u>Milwaukee</u> Zip: <u>53208</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>11/21/2011</u> (Month) (Day) (Year)	Email  Phone <u>(414)</u>
3. Print: <u>Lois Williams</u> Sign: <u>Lois Williams</u>	Street: <u>222 N 33rd</u> City: <u>Milwaukee</u> Zip: <u>53208</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>11/21/2011</u> (Month) (Day) (Year)	Email  Phone <u>(414)</u>
4. Print: <u>LENA PALMER</u> Sign: _____	Street: <u>222 N. 33rd St Apt 53208</u> City: <u>Milwaukee</u> Zip: <u>53208</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>11/21/2011</u> (Month) (Day) (Year)	Email  Phone <u>(414) 73</u>
5. Print: <u>Willie Steed</u> Sign: <u>Willie Steed</u>	Street: <u>222 n 33 st. 53208</u> City: <u>Milw</u> Zip: <u>53208</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milw.</u> (Municipality Name)	<u>11/21/2011</u> (Month) (Day) (Year)	Email  Phone <u>(414)</u>

## Certification of Circulator

I, Victoria Armour Veadley (Printed Name of Circulator) certify: I reside at 222 N 33rd St #807 (Circulator's Residence - Street Name and Number) Milwaukee (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 7 / 2012 (Month) (Day) (Year)  
Victoria Armour Veadley (Signature of Circulator)

Page No. (Official Use Only)

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Circulators.  
Please include your con

Phone

(414)

Email

Victoria

YA400

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan  
Committee to  
PO Box 2569  
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. <u>DELORIS McCoy</u> Sign: <u>Deloris McCoy</u>	Street: <u>222 N 33rd Street</u> City: <u>Milwaukee</u> Zip: <u>53208</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>11/21/2011</u> (Month) (Day) (Year)	Email Phone (414)
2. <u>CHARLES WEST</u> Sign: <u>Charles West</u>	Street: <u>222 W 33rd St</u> City: <u>MIL WIS</u> Zip: <u>53208</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>11/21/2011</u> (Month) (Day) (Year)	Email Phone (414)
3. <u>Verline Lee</u> Sign: <u>Verline Lee</u>	Street: <u>222 N 33rd</u> City: <u>Milwaukee</u> Zip: <u>53208</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MILWAUKEE</u> (Municipality Name)	<u>11/20/2011</u> (Month) (Day) (Year)	Email Phone (414)
4. <u>Jenny</u> Sign: <u>Jenny</u>	Street: <u>222 N 33rd St</u> City: <u>Milwaukee</u> Zip: <u>53208</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>11/21/2011</u> (Month) (Day) (Year)	Email Phone (414)
5. <u>ET</u> Sign: <u>ET</u>	Street: <u>222 N 33rd St 206</u> City: <u>Milwaukee</u> Zip: <u>53208</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>11/21/2011</u> (Month) (Day) (Year)	Email Phone (414)

## Certification of Circulator

I, VICTORIA ARMOUR VEASLEY (certify): I reside at 222 N 33rd St #807 MILWAUKEE  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 1 7 120 12 Victoria Armour Veasley  
(Month) (Day) (Year) (Signature of Circulator)

Page No. (Official Use Only)  
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Circulators,  
Please include your contact information.  
Phone  
(414)  
Email  
Victoria  
YA 400



# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan  
Committee to  
PO Box 2569  
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>Dennis J. Boom</u> Sign: <u>[Signature]</u>	Street: <u>2685 N. Lake Dr.</u> City: <u>Milwaukee</u> Zip: <u>53211</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>11/18/2011</u> (Month) (Day) (Year)	Email <u>dboom</u> Phone (414)
2. Print: <u>Mary Boom</u> Sign: <u>Mary Boom</u>	Street: <u>2685 N. Lake Drive</u> City: <u>Milwaukee</u> Zip: <u>53211</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>11/18/2011</u> (Month) (Day) (Year)	Email <u>meboom</u> Phone (414)
3. Print: <u>Kimberly Boom</u> Sign: <u>Kimberly Boom</u>	Street: <u>674 W 5th Ave</u> City: <u>Oshkosh</u> Zip: <u>54902</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Oshkosh</u> (Municipality Name)	<u>11/24/2011</u> (Month) (Day) (Year)	Email <u>boomk</u> Phone (920) 4
4. Print: <u>Shane Boom</u> Sign: <u>Shane Boom</u>	Street: <u>674 W. 5th Ave</u> City: <u>Oshkosh</u> Zip: <u>54902</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Oshkosh</u> (Municipality Name)	<u>11/24/2011</u> (Month) (Day) (Year)	Email <u>booms</u> Phone (920)
5. Print: <u>Randy Boom</u> Sign: <u>Randy Boom</u>	Street: <u>248 5th St.</u> City: <u>Fond du Lac</u> Zip: <u>54935</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Fond du Lac</u> (Municipality Name)	<u>11/24/2011</u> (Month) (Day) (Year)	Email  Phone (920)

I, Dennis Boom (Printed Name of Circulator) (certify): I reside at 2685 N. Lake Dr. (Circulator's Residence - Street Name and Number) Milwaukee (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 (Month) 13 (Day) 2012 (Year)

[Signature]  
(Signature of Circulator)

Page No. (Official Use Only)

009616

Circulators,  
Please include your contact

Phone  
414, 6

Email  
dboom

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	
1. Print: <u>Kellan Fabjance</u> Sign: <u>Kellan Fabjance</u>	Street: <u>2910 N. Newhall St</u> City: <u>Milwaukee</u> Zip: <u>53211</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>fabjance</u> Phone <u>(71)</u>
2. Print: <u>Malachi Maxwell</u> Sign: <u>Malachi Maxwell</u>	Street: <u>2910 N. Newhall St.</u> City: <u>Milwaukee</u> Zip: <u>53211</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>maxwell</u> Phone <u>(43)</u>
3. Print: <u>Brynn Unger</u> Sign: <u>Brynn Unger</u>	Street: <u>3020 N. Maryland</u> City: <u>Milwaukee</u> Zip: <u>53211</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email <u></u> Phone <u>( )</u>
4. Print: <u>Emily Lehnzger</u> Sign: <u>Emily Lehnzger</u>	Street: <u>2932 N. Frederick Ave</u> City: <u>Milwaukee</u> Zip: <u>53211</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email <u>lehnzger</u> Phone <u>(715)</u>
5. Print: <u>Nicholas Mark Tabat</u> Sign: <u>Nicholas Mark Tabat</u>	Street: <u>2910 N. Newhall St.</u> City: <u>Milwaukee</u> Zip: <u>53211</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>12/01/2011</u> (Month) (Day) (Year)	Email <u></u> Phone <u>(414)</u>

I, Nicholas Mark Tabat, (certify): I reside at 2910 N. Newhall Apt B  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Milwaukee  
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12, 12, 2011  
(Month) (Day) (Year)

[Signature]  
(Signature of Circulator)

Page No. (Official Use Only)  
000617

Circulators,  
Please include your

Phone  
(414)  
Email  
nm

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	
1. <u>C.J.R.J</u> Print: <u>CARMELLO IRIZARRY</u> Sign: <u>Carmelo Irizarry</u>	Street: <u>2324 S. 12th</u> City: <u>Milwaukee, WI</u> Zip: <u>53215</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>1/8/2012</u> (Month) (Day) (Year)	Email Phone (
2. <u>Jeremy Heister</u> Print: <u>Jeremy Heister</u> Sign: <u>Jeremy J Heister</u>	Street: <u>2341 A South 12th St</u> City: <u>Milwaukee, WI</u> Zip: <u>53215</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>1/8/2012</u> (Month) (Day) (Year)	Email Phone (
3. <u>PEDRO D. VANGA</u> Print: <u>Pedro D. Vanga</u> Sign: <u>Pedro D. Vanga</u>	Street: <u>10810 W. WREN AVE.</u> City: <u>MILWAUKEE, WI</u> Zip: <u>53225</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MILWAUKEE</u> (Municipality Name)	<u>1/8/2012</u> (Month) (Day) (Year)	Email Phone (4
4. <u>Johynn Vanga</u> Print: <u>Johynn Vanga</u> Sign: <u>Johynn Vanga</u>	Street: <u>10810 W Wren Ave</u> City: <u>milwaukee, WI</u> Zip: <u>53225</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>1/8/2012</u> (Month) (Day) (Year)	Email Phone (411
5. <u>Pat Vargas</u> Print: <u>Pat Vargas</u> Sign: <u>Pat Vargas</u>	Street: <u>5875 N. 75th St</u> City: <u>milwaukee, WI</u> Zip: <u>53218</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>1/8/2012</u> (Month) (Day) (Year)	Email Phone (

## Certification of Circulator

I, Joel Vanga, (certify): I reside at 2651A South 13th St. Milwaukee  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

01 / 13 / 2012  
(Month) (Day) (Year)  
Joel Vanga  
(Signature of Circulator)

Page No. (Official Use Only)

000618

Circulator  
Please include

Phone

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Email

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# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

**Return**  
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PO Box  
Madisc

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	
1. Print: <u>Melcie Gonzalez</u> Sign: <u>Melcie Gonzalez</u>	Street: <u>2152 W. Morgan Ave</u> City: <u>Milwaukee</u> Zip: <u>53221</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> <u>Wisconsin</u> (Municipality Name)	<u>1/8/2012</u> (Month) (Day) (Year)	Email Phone (
2. Print: <u>William Betancourt</u> Sign: <u>William Betancourt</u>	Street: <u>3617 SOUTH 23 ST</u> City: <u>MILWAUKEE</u> Zip: <u>53221</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MILWAUKEE</u> (Municipality Name)	<u>1/8/2012</u> (Month) (Day) (Year)	Email Phone (
3. Print: <u>CARMEN H. Betancourt</u> Sign: <u>Carmen H. Betancourt</u>	Street: <u>3617 South 23 St</u> City: <u>Milwaukee</u> Zip: <u>53221</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>1/8/2012</u> (Month) (Day) (Year)	Email Phone (
4. Print: <u>Mila Gros Aruz</u> Sign: <u>Milagros Aruz</u>	Street: <u>2534 A. S. 20 St.</u> City: <u>Milwaukee</u> Zip: <u>53215</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>1/8/2012</u> (Month) (Day) (Year)	Email Phone (
5. Print: <u>Nancy Garcia</u> Sign: <u>Nancy Garcia</u>	Street: <u>2534 A S. 20th St.</u> City: <u>Milwaukee</u> Zip: <u>53215</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>1/8/2012</u> (Month) (Day) (Year)	Email Phone (

I, Joel Varga, (certify): I reside at 2651 A South 13th St.  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Milwaukee  
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

01 / 13 / 2012  
(Month) (Day) (Year)

[Signature]  
(Signature of Circulator)

000819  
#  
(Official Use Only)

**Circulator**  
Please include  
Phone  
(414)  
Email  
JVC

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	
1. Print: <u>Rebeca Ruiz</u> Sign: <u>Rebeca Ruiz</u>	Street: <u>2324 S. 12th St</u> City: <u>Milwaukee</u> Zip: <u>53215</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>01/08/2012</u> (Month) (Day) (Year)	Email Phone (
2. Print: <u>Yesenia Santiago</u> Sign: <u>Yesenia Santiago</u>	Street: <u>2333 S. 12th St</u> City: <u>Milwaukee</u> Zip: <u>53215</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>1/8/2012</u> (Month) (Day) (Year)	Email Phone (
3. Print: <u>Paul Pacheco</u> Sign: <u>Paul Pacheco</u>	Street: <u>2333 S. 12th St</u> City: <u>Milwaukee</u> Zip: <u>53215</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>1/8/2012</u> (Month) (Day) (Year)	Email Phone (
4. Print: <u>Ernest Dotson</u> Sign: <u>Ernest J. Dotson</u>	Street: <u>2333 S. 12th Street</u> City: <u>Milwaukee</u> Zip: <u>53215</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>1/8/2012</u> (Month) (Day) (Year)	Email Phone (
5. Print: <u>Nancy H. Izquierdo</u> Sign: <u>Nancy H. Izquierdo</u>	Street: <u>2333 S. 12th St</u> City: <u>Milwaukee</u> Zip: <u>53215</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>1/8/2012</u> (Month) (Day) (Year)	Email Phone (

I, Joel Varga, (certify): I reside at 2651A South 13th ST. Milwaukee  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

01 / 13 / 2012  
(Month) (Day) (Year)

Joel Varga  
(Signature of Circulator)

Page No. (Official Use Only)

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Return  
Comm  
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Madiso

Circulator  
Please include

Phone  
(4)  
Email  
jv

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

**Return**  
Comm  
PO Box  
Madiso

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	
1. Print: <u>George Vargas</u> Sign: <u>George Vargas</u>	Street: <u>5875 N. 75th St</u> City: <u>Milw, WI</u> Zip: <u>53218</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>1/8/2012</u> (Month) (Day) (Year)	Email Phone (
2. Print: <u>Tammi Edwards</u> Sign: <u>Tammi Edwards</u>	Street: <u>5875 N. 75th St</u> City: <u>Milw, WI</u> Zip: <u>53218</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>1/8/2012</u> (Month) (Day) (Year)	Email Phone (
3. Print: <u>Sharon Lewek</u> Sign: <u>Sharon Lewek</u>	Street: <u>823 W. Mitchell St</u> City: <u>Milw WI</u> Zip: <u>53204</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>1/8/2012</u> (Month) (Day) (Year)	Email Phone (
4. Print: <u>Capri Lewek</u> Sign: <u>Capri Lewek</u>	Street: <u>823 W. Mitchell St</u> City: <u>Milw, WI</u> Zip: <u>53204</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>1/8/2012</u> (Month) (Day) (Year)	Email Phone (
5. Print: <u>Carmelo Irizarry (SR)</u> Sign: <u>Carmelo Irizarry</u>	Street: <u>2324 S. 12th St.</u> City: <u>Milwaukee</u> Zip: <u>53215</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>1/9/2012</u> (Month) (Day) (Year)	Email Phone (

**Certification of Circulator**  
I, Joel Varga, (certify): I reside at 2651A South 13th St. Milwaukee  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

01 / 13 / 2012  
(Month) (Day) (Year)  
[Signature]  
(Signature of Circulator)

Pre-Notarized (Use Only)  
000821  
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**Circulator**  
Please Include  
Phone  
(414)  
Email  
JVar

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	
1. Print: <u>Arcadio Gonzalez</u> Sign: <u>Arcadio Gonzalez</u>	Street: <u>2152 W. Morgan Ave</u> City: <u>Milwaukee</u> Zip: <u>53221</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>1/9/2012</u> (Month) (Day) (Year)	Email Phone ( )
2. Print: <u>Vanessa Jordan</u> Sign: <u>Vanessa Jordan</u>	Street: <u>2226 W. Verona Ct</u> City: <u>Milwaukee</u> Zip: <u>53215</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>1/8/2012</u> (Month) (Day) (Year)	Email Phone ( )
3. Print: <u>Jaisha Santiago</u> Sign: <u>Jaisha Santiago</u>	Street: <u>2226 W. Verona Ct</u> City: <u>Milwaukee</u> Zip: <u>53215</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>1/10/2012</u> (Month) (Day) (Year)	Email Phone ( )
4. Print: <u>Edgardo Concepcion</u> Sign: <u>Edgardo Concepcion</u>	Street: <u>2329 S<sup>12</sup>TH ST.</u> City: <u>Milwaukee</u> Zip: <u>53215</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>1/11/2012</u> (Month) (Day) (Year)	Email Phone ( )
5. Print: <u>Lisandra Maisonet</u> Sign: <u>Lisandra Maisonet</u>	Street: <u>2329 S<sup>12</sup>TH ST.</u> City: <u>Milwaukee</u> Zip: <u>53215</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>1/11/2012</u> (Month) (Day) (Year)	Email Phone ( )

## Certification of Circulator

I, Joel Varga, (certify): I reside at 2651A South 13th ST. Milwaukee  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

01 / 13 / 2012  
(Month) (Day) (Year)  
Joel Varga  
(Signature of Circulator)

Page No. (Official Use Only)  
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Return

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PO Box  
Madison

Circulator  
Please include

Phone  
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Email  
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# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by  
Committee  
PO Box 2  
Madison,

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CO
1. <u>EGIDE NIMUBONA</u> Print: <u>[Signature]</u> Sign: <u>[Signature]</u>	Street: <u>4493 W. FIELDWOOD LANE</u> City: <u>APPLETON</u> Zip: <u>54913</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>TOWN OF GRAND CHUTE</u> (Municipality Name)	<u>01/7/2012</u> (Month) (Day) (Year)	Email: <u>EGIDE</u> Phone: <u>(920)</u>
2. <u>KOUAME KOFFI</u> Print: <u>[Signature]</u> Sign: <u>[Signature]</u>	Street: <u>5 Woodmere Ct</u> City: <u>Appleton</u> Zip: <u>54911</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Appleton</u> (Municipality Name)	<u>01/9/2012</u> (Month) (Day) (Year)	Email: <u>Sta</u> Phone: <u>(920)</u>
3. <u>REVOCATE NITRONKRA</u> Print: <u>[Signature]</u> Sign: <u>[Signature]</u>	Street: <u>4493 W. FIELDWOOD LANE</u> City: <u>APPLETON</u> Zip: <u>54913</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>TOWN OF GRAND CHUTE</u> (Municipality Name)	<u>1/9/2012</u> (Month) (Day) (Year)	Email: <u>REVON</u> Phone: <u>(920)</u>
4. <u>John Casey</u> Print: <u>[Signature]</u> Sign: <u>[Signature]</u>	Street: <u>1325 S. Outagamie St.</u> City: <u>Appleton, WI</u> Zip: <u>54914</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Appleton</u> (Municipality Name)	<u>1/10/2012</u> (Month) (Day) (Year)	Email: <u>John</u> Phone: <u>(920)</u>
5. _____ Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email: _____ Phone: _____

## Certification of Circulator

I, EGIDE NIMUBONA (certify): I reside at 4493 W. FIELDWOOD LANE TOWN OF GRAND CHUTE  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

01 / 10 / 2012  
(Month) (Day) (Year)

[Signature]  
(Signature of Circulator)

Page No. (Official Use Only)

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Circulators,  
Please include you

Phone

(920)

Email

EGIDE



# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	Email	Phone
1. Print: <u>Loretta J. Kjemhus</u> Sign: <u>Loretta J. Kjemhus</u>	Street: <u>1461 Deerwood Dr.</u> City: <u>Neenah, WI.</u> Zip: <u>54956</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Neenah</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)		(92)
2. Print: <u>Gerald O. Kjemhus</u> Sign: <u>Gerald O. Kjemhus</u>	Street: <u>1461 Deerwood Dr.</u> City: <u>Neenah, WI.</u> Zip: <u>54956</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Neenah</u> (Municipality Name)	<u>11/21/2011</u> (Month) (Day) (Year)		(92)
3. Print: <u>Linda J. Ward</u> Sign: <u>Linda J. Ward</u>	Street: <u>EQ026 Mudden Ln.</u> City: <u>New London WI</u> Zip: <u>54961</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Hebener</u> (Municipality Name)	<u>11/24/2011</u> (Month) (Day) (Year)		(96)
4. Print: <u>Steven Verboomen</u> Sign: <u>Steve Verboomen</u>	Street: <u>806 Oviatt St</u> City: <u>Kaukauna</u> Zip: <u>54130</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kaukauna</u> (Municipality Name)	<u>12/23/2011</u> (Month) (Day) (Year)		(96)
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)		( )

## Certification of Circulator

I, Mary Fritz (Printed Name of Circulator), (certify): I reside at W2543 Wedgewood Ct, (Circulator's Residence - Street Name and Number) Town of Buchanan (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11-30 (Month) 1 (Day) 2011 (Year)

Mary Fritz (Signature of Circulator)

Page No. (Official Use Only)

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Madiso

Circulator  
Please include

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Email

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	
1. Print: <u>Scott L Fritz</u> Sign: <u>[Signature]</u>	Street: <u>W 4612 Nyes rd</u> City: <u>Owen, WI</u> Zip: <u>54460</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Hofu</u> (Municipality Name)	<u>11/29/2011</u> (Month) (Day) (Year)	Email Phone (
2. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email Phone (
3. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email Phone (
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email Phone (
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email Phone (

I, Mary Fritz, (certify): I reside at W2543 Wedgewood G. Town of Buchanan  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 30 / 2011  
(Month) (Day) (Year)

[Signature]  
(Signature of Circulator)

Page No. (Official Use Only)

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Return  
Committee  
PO Box  
Madison

Circulators,  
Please include your

Phone  
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Email

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING
1. Print: <u>R. DRIG. GIER</u> Sign: <u>[Signature]</u>	Street: <u>1051 W. 7TH AVE</u> City: <u>OSHKOSH</u> Zip: <u>54902</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>OSHKOSH</u> (Municipality Name)	<u>1/7/2012</u> (Month) (Day) (Year)
2. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)
3. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)

## Certification of Circulator

I, Carol Hollar-Zwicky (Printed Name of Circulator) certify: I reside at 730 Congress Pl. (Circulator's Residence - Street Name and Number)

City of Neenah (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wis. Stats.

1 / 11 / 2012  
(Month) (Day) (Year)

[Signature]  
(Signature of Circulator)

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# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also indicate Town, City, or Village)</small>	DATE OF SIGNING	
1. <u>Nancy E. Barczak</u> Sign: <u>Nancy E Barczak</u>	Street: <u>1424 N. Keona St</u> City: <u>Appleton WI</u> Zip: <u>54911</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Appleton</u> <small>(Municipality Name)</small>	<u>11/23/2011</u> <small>(Month) (Day) (Year)</small>	Email: _____ Phone: _____ ( ) _____
2. <u>Kirk Moore-Nokes</u> Sign: <u>Kirk Moore-Nokes</u>	Street: <u>645 Elm St</u> City: <u>Necunah WI</u> Zip: <u>54956</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Necunah</u> <small>(Municipality Name)</small>	<u>11/29/2011</u> <small>(Month) (Day) (Year)</small>	Email: _____ Phone: _____ ( ) _____
3. <u>Sarah Moore-Nokes</u> Sign: <u>Sarah Moore-Nokes</u>	Street: <u>645 Elm St.</u> City: <u>Necunah WI</u> Zip: <u>54956</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Necunah</u> <small>(Municipality Name)</small>	<u>11/29/2011</u> <small>(Month) (Day) (Year)</small>	Email: _____ Phone: _____ ( ) _____
4. <u>Anja D. Farin</u> Sign: <u>Anja D. Farin</u>	Street: <u>3049 E. Canary St.</u> City: <u>Appleton WI</u> Zip: <u>54915</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Appleton</u> <small>(Municipality Name)</small>	<u>12/03/2011</u> <small>(Month) (Day) (Year)</small>	Email: _____ Phone: _____ ( ) _____
5. <u>Jody Drake</u> Sign: <u>Jody Drake</u>	Street: <u>641 Elm St.</u> City: <u>Necunah WI</u> Zip: <u>54956</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Necunah</u> <small>(Municipality Name)</small>	<u>12/23/2011</u> <small>(Month) (Day) (Year)</small>	Email: _____ Phone: _____ ( ) _____

## Certification of Circulator

I, Sarah Moore-Nokes (Printed Name of Circulator) reside at 645 Elm St (Circulator's Residence - Street Name and Number) Necunah WI, 54956 (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

01 / 12 / 2012 (Month) (Day) (Year)  
[Signature] (Signature of Circulator)

Page No. (Official Use Only)  
000627

Return  
Committee  
PO Box  
Madison

Circulator  
Please include  
Phone  
Email

(920) \_\_\_\_\_  
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# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return to

Committee  
PO Box 1  
Madison

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CC
1. Print: <u>Alissa Schaffer</u> Sign: <u>Alissa Schaffer</u>	Street: <u>1713 Oak Hollow Lane</u> City: <u>Neenah, WI</u> Zip: <u>54956</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Menasha</u> (Municipality Name)	<u>1/11/2012</u> (Month) (Day) (Year)	Email Phone (
2. Print: <u>Sherry J. Haskett</u> Sign: <u>Sherry J. Haskett</u>	Street: <u>612569 Mill Creek Ct</u> City: <u>Greenham WI</u> Zip: <u>54128</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Seneca</u> (Municipality Name)	<u>1/11/2012</u> (Month) (Day) (Year)	Email Phone (
3. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email Phone (
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email Phone (
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email Phone (

## Certification of Circulator

I, Marie Nesemann, (certify): I reside at 778 Millbrook Dr.  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Town of Menasha  
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1/11/2012  
(Month) (Day) (Year)

Marie Nesemann  
(Signature of Circulator)

Page No. (Official Use Only)  
# 000628

Circulators,  
Please include your

Phone  
(900)  
Email

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return to  
Committee  
PO Box  
Madison

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	
1. Print: <u>David Hagglund</u> Sign: <u>David Hagglund</u>	Street: <u>W5604 Vans Rd.</u> City: <u>Appleton</u> Zip: <u>54915</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Harrison</u> (Municipality Name)	<u>12/2/2011</u> (Month) (Day) (Year)	Email Phone (920)
2. Print: <u>ELMER Hagglund</u> Sign: <u>Elmer Hagglund</u>	Street: <u>105 Daniel Ct.</u> City: <u>Combined Locks</u> Zip: <u>54113</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Combined Locks</u> (Municipality Name)	<u>1/6/2012</u> (Month) (Day) (Year)	Email Phone (920)
3. Print: <u>MAL-LIS HAGGLUND</u> Sign: <u>Mal-Lis Hagglund</u>	Street: <u>105 Daniel Ct</u> City: <u>Combined Locks</u> Zip: <u>54113</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Combined Locks</u> (Municipality Name)	<u>1/8/2012</u> (Month) (Day) (Year)	Email Phone (920)
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20__</u> (Month) (Day) (Year)	Email Phone ( )
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20__</u> (Month) (Day) (Year)	Email Phone ( )

## Certification of Circulator

I, David Hagglund, (certify): I reside at W5604 Vans Rd Town of Harrison  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wis. Stats.

1 1 9 2012 David Hagglund  
(Month) (Day) (Year) (Signature of Circulator)

Page No. (Official Use Only)

000629

Circulators.

Please include your

Phone

Email

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	
1. Print: <u>David F. Ewing</u> Sign: <u>[Signature]</u>	Street: <u>2217 N. Leelanee</u> City: <u>Beloit</u> Zip: <u>53511</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Beloit</u> (Municipality Name)	<u>12/28/2011</u> (Month) (Day) (Year)	Email: <u>ew</u> Phone: <u>(608)</u>
2. Print: <u>Charlotte A. Orr</u> Sign: <u>[Signature]</u>	Street: <u>424 W. Dayton St #330</u> City: <u>Madison</u> Zip: <u>53703</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>12/29/2011</u> (Month) (Day) (Year)	Email: <u>SPiRE</u> Phone: <u>(920)</u>
3. Print: <u>Katherine A. Ewing</u> Sign: <u>[Signature]</u>	Street: <u>2217 N. Leelanee</u> City: <u>Beloit</u> Zip: <u>53511</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Beloit</u> (Municipality Name)	<u>12/29/2011</u> (Month) (Day) (Year)	Email: <u>(</u> Phone: <u>(</u>
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email: _____ Phone: <u>(</u>
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email: _____ Phone: <u>(</u>

I, Kate Ewing (certify): I reside at 527 E. South River St. Appleton  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 11 / 2012 Kathryn N. Ewing  
(Month) (Day) (Year) (Signature of Circulator)

Page No. (Official Use Only)  
000630

Return  
Comm  
PO Box  
Madiso

Circulators.  
Please include y

Phone  
(  
Email

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan

Committee to  
PO Box 2569  
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Print: Amy Perry Sign: Amy Perry	Street: 901 E. Mayfield Drive City: Appleton Zip: 54911	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Appleton (Municipality Name)	12/28/2011 (Month) (Day) (Year)	Email: amyperry Phone: (920) _____
2. Print: BRIAN PERRY Sign: Brian Perry	Street: 901 E MAYFIELD DR City: Appleton Zip: 54911	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Appleton (Municipality Name)	12/28/2011 (Month) (Day) (Year)	Email: bperry Phone: (920) _____
3. Print: David A. Wolf Sign: David A. Wolf	Street: 930 Manor place City: LITTLECHUTE Zip: 54140	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City LITTLECHUTE (Municipality Name)	12/15/2011 (Month) (Day) (Year)	Email: DWolfs Phone: (920) _____
4. Print: Dayna Wolf Sign: Dayna Wolf	Street: 930 Manor Pl. City: Little Chute Zip: 54140	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Little Chute (Municipality Name)	1/4/2012 (Month) (Day) (Year)	Email: dwolfs Phone: (920) _____
5. Print: Alexander Wolf Sign: Alex A. Wolf	Street: 930 Manor Pl. City: Little Chute Zip: 54140	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Little Chute (Municipality Name)	1/4/2012 (Month) (Day) (Year)	Email: _____ Phone: (920) _____

1. Sara Hanson (certify): I reside at 3323 S Bob-O-Link Ln Appleton  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 1 / 11 20 / 12 Sara Hanson  
(Month) (Day) (Year) (Signature of Circulator)

Page No. (Official Use Only)  
000631

Circulators,  
Please include your contact information

Phone: (920) 7\_\_\_\_\_  
Email: \_\_\_\_\_



# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CO
1. Print: <u>Charles Kintopf</u> Sign: <u>Ch/K</u>	Street: <u>4363 Swallow Banks</u> City: <u>Oshkosh</u> Zip: <u>54904</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Oshkosh</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone (920)
2. Print: <u>John Kennedy</u> Sign: <u>John Kennedy</u>	Street: <u>412 Hawthorne St.</u> City: <u>Neenah WI</u> Zip: <u>54956</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Neenah</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email Phone (920)
3. Print: <u>DAVID RINDT</u> Sign: <u>David Rindt</u>	Street: <u>1032 South First Street</u> City: <u>Shawano</u> Zip: <u>54166</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>SHAWANO</u> (Municipality Name)	<u>11/23/2011</u> (Month) (Day) (Year)	Email Phone (716)
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email Phone ( )
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email Phone ( )

I, Sara Hanson (Printed Name of Circulator) (certify): I reside at 3323 S Bob O-Link Ln (Circulator's Residence - Street Name and Number) Appleton (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 11 / 2012 (Month) (Day) (Year)  
Sara Hanson (Signature of Circulator)

Page No. (Official Use Only)  
# 000632

Return to  
Committee  
PO Box 2  
Madison,

Circulators,  
Please include your

Phone  
920  
Email

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by

Committee  
PO Box 25  
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>Nancy A Crha</u> Sign: <u>Nancy A Crha</u>	Street: <u>3123 Bellaire Lane</u> City: <u>Oshkosh</u> Zip: <u>54904</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Oshkosh</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email: Phone: <u>(920)</u>
2. Print: <u>John R Crha</u> Sign: <u>John R Crha</u>	Street: <u>3123 Bellaire Ln</u> City: <u>Oshkosh</u> Zip: <u>54904 WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Oshkosh</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email: Phone: <u>(920)</u>
3. Print: <u>Kevin Reichardt</u> Sign: <u>K Reichardt</u>	Street: <u>29 Diane Ln</u> City: <u>Appleton</u> Zip: <u>54915</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Appleton</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email: Phone: <u>(920)</u>
4. Print: <u>Kevin Reichardt</u> Sign: <u>Kevin Reichardt</u>	Street: <u>29 Diane Ln</u> City: <u>Appleton</u> Zip: <u>54915</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email: Phone: <u>( )</u>
5. Print: <u>Erin Martin</u> Sign: <u>Erin Martin</u>	Street: <u>W3045 Pinecrest Ct.</u> City: <u>Appleton, WI</u> Zip: <u>54915</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Buchanan</u> (Municipality Name)	<u>11/20/2011</u> (Month) (Day) (Year)	Email: Phone: <u>(920)</u>

1. Sara Hanson (Printed Name of Circulator) (certify): I reside at 3323 S Bob-O-Link Ln (Circulator's Residence - Street Name and Number) Appleton (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 11 / 2012 (Month) (Day) (Year)  
Sara Hanson (Signature of Circulator)

Page No. (Official Use Only)

#000633

Circulators,  
Please include your con

Phone  
(920)  
Email

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by

Committee  
PO Box 25  
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONT
1. Print: <u>Robert W. Hanson Jr.</u> Sign: <u>[Signature]</u>	Street: <u>3323 S. Bob-O-Link Ln.</u> City: <u>Appleton</u> Zip: <u>54915</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Appleton</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>rhansj</u> Phone <u>(920)</u>
2. Print: <u>Todd W. Malnory</u> Sign: <u>[Signature]</u>	Street: <u>1203 Manitowoc Rd</u> City: <u>Manasha</u> Zip: <u>54952</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Manasha</u> (Municipality Name)	<u>11/20/2011</u> (Month) (Day) (Year)	Email  Phone <u>(920)</u>
3. Print: <u>Ryan Schwacke</u> Sign: <u>[Signature]</u>	Street: <u>W 775 Highview Ct.</u> <u>Shiocton</u> City: <u>Shiocton</u> Zip: <u>54170</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Schwacke</u> (Municipality Name)	<u>12/7/2011</u> (Month) (Day) (Year)	Email  Phone <u>(920) 74</u>
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email  Phone <u>( )</u>
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email  Phone <u>( )</u>

I, Sara Hanson, (certify): I reside at 3323 Bob-O-Link Ln Appleton  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 11 / 2012  
(Month) (Day) (Year)  
Sara Hanson  
(Signature of Circulator)

Page No. (Official Use Only)

#  
000634

Circulators,  
Please include your contact

Phone  
(920) 7  
Email

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by  
Committed  
PO Box 25  
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>TRICIA HENDRIKS</u> Sign: <u>(Tricia Hendriks)</u>	Street: <u>8077 NICHOLE HEIGHTS</u> City: <u>NEENAH</u> , Zip: <u>54956</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>CLAYTON</u> (Municipality Name)	<u>01/08/2012</u> (Month) (Day) (Year)	Email <u>HENDRIKS</u> Phone <u>920</u> ( <del>920</del> )
2. Print: <u>VIRGINIA ARNOLD</u> Sign: <u>(Virginia Arnold)</u>	Street: <u>1702 N CLARK ST.</u> City: <u>APPLETON</u> , Zip: <u>54911</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>APPLETON</u> (Municipality Name)	<u>1/10/2012</u> (Month) (Day) (Year)	Email <u>ARNOLD</u> Phone <u>920</u> ( <u>73</u> )
3. Print: _____ Sign: _____	Street: _____ City: _____, Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email _____ Phone ( )
4. Print: _____ Sign: _____	Street: _____ City: _____, Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email _____ Phone ( )
5. Print: _____ Sign: _____	Street: _____ City: _____, Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email _____ Phone ( )

## Certification of Circulator

I, Johan Hendriks (certify): I reside at 8077 Nichole Heights  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Town of Clayton  
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 1 / 11 20 12  
(Month) (Day) (Year)

Johan Hendriks  
(Signature of Circulator)

Page No. (Official Use Only)  
# 000635

Circulators,  
Please include your contact

Phone  
(920) 5  
Email

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>SHARPN WIMER</u> Sign: <u>Sharon Wimer</u>	Street: <u>W3029 CARA WAY</u> City: <u>APPLETON</u> Zip: <u>54915</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>BUCHANAN</u> (Municipality Name)	<u>12/22/2011</u> (Month) (Day) (Year)	Email Phone ( )
2. Print: <u>David B Williams</u> Sign: <u>David B Williams</u>	Street: <u>1831 E Byrd st.</u> City: <u>Appleton</u> Zip: <u>54911</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Appleton</u> (Municipality Name)	<u>12/22/2011</u> (Month) (Day) (Year)	Email Phone (920)
3. Print: <u>Lilly Engling</u> Sign: <u>Lilly Engling</u>	Street: <u>1228 E. Byrd St.</u> City: <u>Appleton</u> Zip: <u>54911</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Appleton</u> (Municipality Name)	<u>12/22/2011</u> (Month) (Day) (Year)	Email Phone (920)
4. Print: <u>Brett Minut</u> Sign: <u>Brett Minut</u>	Street: <u>1812 N. Whitney Dr</u> City: <u>Appleton</u> Zip: <u>54914</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Grand Chute</u> (Municipality Name)	<u>12/23/2011</u> (Month) (Day) (Year)	Email Phone (920)
5. Print: <u>Nicole Williams</u> Sign: <u>Nicole Williams</u>	Street: <u>1812 N Whitney Dr.</u> City: <u>Appleton</u> Zip: <u>54914</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Grand Chute</u> (Municipality Name)	<u>12/23/2011</u> (Month) (Day) (Year)	Email Phone (920)

David B Williams, (certify): I reside at 1831 E Byrd st. Appleton  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 1 / 11 2012 David B Williams  
(Month) (Day) (Year) (Signature of Circulator)

Page No. (Official Use Only)  
#000636

Return by  
Committee  
PO Box 2  
Madison,

Circulators,  
Please include your  
Phone  
(920)  
Email  
DBU

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by  
Committee  
PO Box 2  
Madison,

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CO
1. Print: <u>Sarah Lamers</u> Sign: <u>Sarah Lamers</u>	Street: <u>11632 N Onaissa St</u> City: <u>Appleton</u> Zip: <u>54911</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Appleton</u> (Municipality Name)	<u>12/23/2011</u> (Month) (Day) (Year)	Email Phone ( )
2. Print: <u>BRIAN MATHANY</u> Sign: <u>Brian Mathany</u>	Street: <u>1502 1/2 N Appleton St</u> City: <u>Appleton, WI</u> Zip: <u>54911</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Appleton</u> (Municipality Name)	<u>12/31/2011</u> (Month) (Day) (Year)	Email Phone ( )
3. Print: <u>LORI WILLIAMS</u> Sign: <u>Lori Williams</u>	Street: <u>1812 N Whitney Dr</u> City: <u>Appleton WI</u> Zip: <u>54914</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Grand Chute</u> (Municipality Name)	<u>12/31/2011</u> (Month) (Day) (Year)	Email Phone ( )
4. Print: <u>Van Melle</u> Sign: <u>Van Melle</u>	Street: <u>172 N Meade</u> City: <u>Appleton</u> Zip: <u>Wis</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Appleton</u> (Municipality Name)	<u>12/31/2011</u> (Month) (Day) (Year)	Email Phone ( )
5. Print: <u>Ricky Jansson</u> Sign: <u>Ricky Jansson</u>	Street: <u>119 W Wilson St.</u> City: <u>Kimberly</u> Zip: <u>54136</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Kimberly</u> (Municipality Name)	<u>1/1/2012</u> (Month) (Day) (Year)	Email Phone ( )

I, David B Williams (Printed Name of Circulator) certify: I reside at 1831 E Byrd St (Circulator's Residence - Street Name and Number)

Appleton  
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 1 / 11 / 2012  
(Month) (Day) (Year)

David B Williams  
(Signature of Circulator)

Page No. (Official Use Only)  
000637

Circulators,  
Please include your:  
Phone  
920  
Email  
DBU

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CON
1. Print: <u>Jerry D. Eyer</u> Sign: <u>[Signature]</u>	Street: <u>1283 Southfield Dr</u> City: <u>Menasha</u> Zip: <u>54952</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Menasha</u> (Municipality Name)	<u>12/7/2011</u> (Month) (Day) (Year)	Email <u>Jerry</u> Phone (920)
2. Print: <u>Sandra J. Eyer</u> Sign: <u>[Signature]</u>	Street: <u>1283 Southfield Dr.</u> City: <u>Menasha</u> Zip: <u>54952</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Menasha</u> (Municipality Name)	<u>12/7/2011</u> (Month) (Day) (Year)	Email <u>eyer</u> Phone (920)
3. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email _____ Phone ( )
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email _____ Phone ( )
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email _____ Phone ( )

## Certification of Circulator

I, Jim Reinker (certify): I reside at 243 Broad St.  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

city of Menasha  
(Circulator Municipality)

Circulators.  
Please include your con

Phone  
(920)  
Email

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 11 / 2012  
(Month) (Day) (Year)

[Signature]  
(Signature of Circulator)

Page No. (offense Only)

000635

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING
1. <u>Matthew D. Benson</u> Print: <u>Matthew D. Benson</u> Sign: <u>[Signature]</u>	Street: <u>925 E. Commercial St.</u> City: <u>Appleton, WI</u> Zip: <u>54911</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Appleton</u> (Municipality Name)	<u>11/18/2011</u> (Month) (Day) (Year)
2. <u>Sandra Martin</u> Print: <u>Sandra Martin</u> Sign: <u>[Signature]</u>	Street: <u>17 S. Keller Park Dr.</u> City: <u>Appleton</u> Zip: <u>54914</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Grand Chute</u> (Municipality Name)	<u>11/18/2011</u> (Month) (Day) (Year)
3. <u>Jennifer VanGroll</u> Print: <u>Jennifer VanGroll</u> Sign: <u>[Signature]</u>	Street: <u>321 Albert Way</u> City: <u>Appleton WI</u> Zip: <u>54915</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Kimberly</u> (Municipality Name)	<u>11/18/2011</u> (Month) (Day) (Year)
4. <u>Sharon Bowen</u> Print: <u>Sharon Bowen</u> Sign: <u>[Signature]</u>	Street: <u>525 Fernbrook Ct.</u> City: <u>Neenah, WI</u> Zip: <u>54956</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Neenah</u> (Municipality Name)	<u>11/18/2011</u> (Month) (Day) (Year)
5. <u>Holli LaCrosse</u> Print: <u>Holli LaCrosse</u> Sign: <u>[Signature]</u>	Street: <u>1223 Home Ave.</u> City: <u>Menasha, WI</u> Zip: <u>54952</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Town of Menasha</u> (Municipality Name)	<u>11/20/2011</u> (Month) (Day) (Year)

## Certification of Circulator

I, Deborah J Kosutzke, (certify): I reside at W6349 Rocky Mountain Dr. Greenville (Town)  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 11 / 2012  
(Month) (Day) (Year)  
Deborah Kosutzke  
(Signature of Circulator)

Page No. (Official Use Only)  
000639



# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING
1. Print: <u>Julian M Woodrow</u> Sign: <u>[Signature]</u>	Street: <u>619 E Randall St.</u> City: <u>Appleton</u> Zip: <u>54911</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Appleton</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)
2. Print: <u>Victoria A. Syring</u> Sign: <u>Victoria A. Syring</u>	Street: <u>921 W Brewster St</u> City: <u>Appleton</u> Zip: <u>54914</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Appleton</u> (Municipality Name)	<u>11/18/2011</u> (Month) (Day) (Year)
3. Print: <u>Kris Looy</u> Sign: <u>Kristie A Looy</u>	Street: <u>4315 Magnolia</u> City: <u>Appleton</u> Zip: <u>54913</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Grand Chute</u> (Municipality Name)	<u>11/18/2011</u> (Month) (Day) (Year)
4. Print: <u>Nichole M. Koch</u> Sign: <u>Nichole M. Koch</u>	Street: <u>3738 Summer set Wy. #1</u> City: <u>Oshkosh, WI</u> Zip: <u>54901</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Osh Kosh</u> (Municipality Name)	<u>11/18/2011</u> (Month) (Day) (Year)
5. Print: <u>Nancy J. Jones</u> Sign: <u>Nancy J. Jones</u>	Street: <u>1125 N. Briarcliff Dr.</u> City: <u>Appleton, WI</u> Zip: <u>54915</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Appleton</u> (Municipality Name)	<u>11/18/2011</u> (Month) (Day) (Year)

I, Deborah Kositzke, (certify): I reside at 46349 Rocky Mtn Dr. Town of Greenville  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11/11/2012 Deborah Kositzke  
(Month) (Day) (Year) (Signature of Circulator)

Page No. (Official Use Only)  
000640

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Circulator  
Please inclu  
Phone  
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Email

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING
1. Print: <u>Amanda Herman</u> Sign: <u>Amanda L Herman</u>	Street: <u>3546 Dekalb Lane</u> City: <u>Neenah</u> Zip: <u>54956</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Clayton</u> (Municipality Name)	<u>1/12/2012</u> (Month) (Day) (Year)
2. Print: <u>Mark Herman</u> Sign: <u>Mark Herman</u>	Street: <u>3546 Dekalb Lane</u> City: <u>Neenah</u> Zip: <u>54956</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Clayton</u> (Municipality Name)	<u>1/12/2012</u> (Month) (Day) (Year)
3. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)

I, Deborah Kositzke, (certify): I reside at 46349 Rocky Mtn. Dr.  
(Printed Name of Circulator) (Circulator's Residence Street Name and Number)

Greenville  
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 11 / 2012  
(Month) (Day) (Year)

Deborah Kositzke  
(Signature of Circulator)

Page No. (Official Use Only)  
000641

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING
1. Print: <u>Carlin Nooyen</u> Sign: <u>Carlin Nooyen</u>	Street: <u>1109 E. Jardin Street</u> City: <u>Appleton</u> Zip: <u>54911</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>City of Appleton</u> (Municipality Name)	<u>11/17/2011</u> (Month) (Day) (Year)
2. Print: <u>Grace F. Pellegrino</u> Sign: <u>Grace F. Pellegrino</u>	Street: <u>1555 N. McCarthy Rd #1</u> City: <u>Appleton</u> Zip: <u>54913</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Appleton</u> (Municipality Name)	<u>11/17/2011</u> (Month) (Day) (Year)
3. Print: <u>Eric LaCrosse</u> Sign: <u>Eric LaCrosse</u>	Street: <u>1223 Home Ave</u> City: <u>Menasha</u> Zip: <u>54952</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Menasha</u> (Municipality Name)	<u>11/18/2011</u> (Month) (Day) (Year)
4. Print: <u>Michael J. SATS</u> Sign: <u>Michael J. SATS</u>	Street: <u>1230 W. Packard St</u> City: <u>Appleton</u> Zip: <u>WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Appleton</u> (Municipality Name)	<u>11/30/2011</u> (Month) (Day) (Year)
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)

I, Deborah J Kosutzke, (certify): I reside at W6349 Rocky Mountain Dr. Town of Greenville  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11/11/2012  
(Month) (Day) (Year)  
Deborah J Kosutzke  
(Signature of Circulator)

Page No. (Official Use Only)

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Email

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	
1. Print: <u>JEALYN HUHNA</u> Sign: <u>Jealyn Huhna</u>	Street: <u>601 N. MAIN ST.</u> City: <u>BLACK CREEK</u> Zip: <u>54106</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>BLACK CREEK</u> (Municipality Name)	<u>12/28/2011</u> (Month) (Day) (Year)	Email Phone (930)
2. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email Phone ( )
3. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email Phone ( )
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email Phone ( )
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email Phone ( )

I, Jean M. Reed (certify): I reside at 617 Lincoln St.  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Neenah  
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 10 12012  
(Month) (Day) (Year)

Jean M. Reed  
(Signature of Circulator)

Page No. (Official Use Only)  
# 000643

643A

Return  
Commit  
PO Box  
Madison

Circulators,  
Please include your

Phone  
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# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING
1. Print: <u>Lori Mead</u> Sign: <u>[Signature]</u>	Street: <u>1501 Alameda Dr</u> City: <u>Appleton</u> Zip: <u>WI 54911</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Appleton</u> (Municipality Name)	<u>11/18/2011</u> (Month) (Day) (Year)
2. Print: <u>Jane O'Hagan</u> Sign: <u>Jane O'Hagan</u>	Street: <u>6656 Elm View Dr.</u> City: <u>Appleton</u> Zip: <u>54915</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Harrison</u> (Municipality Name)	<u>11/18/2011</u> (Month) (Day) (Year)
3. Print: <u>Roberta Tiseling</u> Sign: <u>Roberta Tiseling</u>	Street: <u>980 London St</u> City: <u>Menasha</u> Zip: <u>54952</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Menasha</u> (Municipality Name)	<u>11/18/2011</u> (Month) (Day) (Year)
4. Print: <u>Jennifer McGuire</u> Sign: <u>Jennifer McGuire</u>	Street: <u>1185 Sky View Pl</u> City: <u>Neenah, WI</u> Zip: <u>54956</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Neenah</u> (Municipality Name)	<u>11/18/2011</u> (Month) (Day) (Year)
5. Print: <u>Frida Adrian</u> Sign: <u>Frida Adrian</u>	Street: <u>1489 Mapleridge Dr.</u> <u>Appleton, WI 54915</u> City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>of Buchanan</u> (Municipality Name)	<u>11/18/11</u> <u>1/20</u> (Month) (Day) (Year)

## Certification of Circulator

I, Deborah J Kositzke, (certify): I reside at W6349 Rocky Mountain Dr. Town of Greenville  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11/20/12 Deborah Kositzke  
(Month) (Day) (Year) (Signature of Circulator)

Page No. (Official Use Only)

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# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return  
Complete  
PO Box  
Madison

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	
1. Print: <u>Amy Pope</u> Sign: <u>[Signature]</u>	Street: <u>1070 Province Terr.</u> City: <u>Menasha</u> Zip: <u>54952</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Menasha</u> (Municipality Name)	<u>11/29/2011</u> (Month) (Day) (Year)	Email <u>Pope</u> Phone <u>(920) 725-1111</u>
2. Print: <u>Tammy Pope</u> Sign: <u>Tammy Pope</u>	Street: <u>W2220 Gentry Dr #13</u> City: <u>Kaukauna</u> Zip: <u>54130</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Kaukauna</u> (Municipality Name)	<u>11/29/2011</u> (Month) (Day) (Year)	Email <u>tpope</u> Phone <u>(920) 725-1111</u>
3. Print: <u>Shelly Collette</u> Sign: <u>Shelly Collette</u>	Street: <u>1070 Province Terr.</u> City: <u>Menasha</u> Zip: <u>54952</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Menasha</u> (Municipality Name)	<u>11/30/2011</u> (Month) (Day) (Year)	Email <u>collette</u> Phone <u>(920) 725-1111</u>
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email _____ Phone _____ (
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email _____ Phone _____ (

## Certification of Circulator

I, Amy Pope (certify): I reside at 1070 Province Terr. Menasha Menasha  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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(Month) (Day) (Year)  
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(Signature of Circulator)

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Circulator  
Please include

Phone  
(920) 725-1111  
Email  
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# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by  
Committee  
PO Box 25  
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Print: Daniel Rakita Sign: Daniel Rakita	Street: 3221 Twinwillow Ct. City: Appleton Zip: 54914	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Grand chote (Municipality Name)	1/7/2012 (Month) (Day) (Year)	Email Phone (920)
2. Print: Lori Rakita Sign: Lori Rakita	Street: 3221 Twin Willow Ct. City: Appleton Zip: 54914	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Grand Chute (Municipality Name)	1/9/2012 (Month) (Day) (Year)	Email Phone (920)
3. Print: Steven Rakita Sign: Steven Rakita	Street: 3221 twin willow Ct. City: Appleton Zip: 54914	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Grand chute (Municipality Name)	1/10/2012 (Month) (Day) (Year)	Email Phone ( )
4. Print: Karen Rakita Sign: Karen Rakita	Street: 3221 twin willow City: Appleton Zip: 54914	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Grand chute (Municipality Name)	1/10/2012 (Month) (Day) (Year)	Email Phone ( )
5. Print: Sign:	Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City (Municipality Name)	1/20 (Month) (Day) (Year)	Email Phone ( )

## Certification of Circulator

I, Karen Rakita (certify): I reside at 3221 twin willow Ct. Grand chute  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)  
Appleton

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1/1/2012  
(Month) (Day) (Year)

Karen S. Rakita  
(Signature of Circulator)

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Please include your

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# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CON
1. Print: <u>TIMOTHY W. ROHDE</u> Sign: <u>[Signature]</u>	Street: <u>1275 LAKESHORE DRIVE</u> City: <u>MENASHA</u> Zip: <u>54952</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>MENASHA</u> (Municipality Name)	<u>11/14/2011</u> (Month) (Day) (Year)	Email <u>jazz</u> Phone ( )
2. Print: <u>SUSAN G. ROHDE</u> Sign: <u>[Signature]</u>	Street: <u>1275 LAKESHORE DR</u> City: <u>MENASHA</u> Zip: <u>54952</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>MENASHA</u> (Municipality Name)	<u>11/14/2011</u> (Month) (Day) (Year)	Email  Phone ( )
3. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email  Phone ( )
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email  Phone ( )
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email  Phone ( )

## Certification of Circulator

I, TIMOTHY W. ROHDE (certify): I reside at 1275 LAKESHORE DRIVE TOWN of MENASHA  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 14 / 2011  
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(Signature of Circulator)

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PO Box 25  
Madison,

Circulators,  
Please include your c

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# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONT
1. Print: <u>Jessica Bauer</u> Sign: <u>Jessica Bauer</u>	Street: <u>1920 W Russet Ct Apt 2</u> City: <u>Appleton WI</u> Zip: <u>54914</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Grand Chute</u> (Municipality Name)	<u>12/04/2011</u> (Month) (Day) (Year)	Email Phone (920)
2. Print: <u>MATT BAUER</u> Sign: <u>Matt</u>	Street: <u>1920 W. Russet Ct Apt #2</u> City: <u>Appleton WI</u> Zip: <u>54914</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Grand Chute</u> (Municipality Name)	<u>12/04/2011</u> (Month) (Day) (Year)	Email Phone (920)
3. Print: <u>Nicholas VanderWielen</u> Sign: <u>Nicholas VanderWielen</u>	Street: <u>2000 W. Russet Ct. Apt #9</u> City: <u>Appleton WI</u> Zip: <u>54914</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Grand Chute</u> (Municipality Name)	<u>12/18/2011</u> (Month) (Day) (Year)	Email Phone (920)
4. Print: <u>Deja VanderWielen</u> Sign: <u>Deja VanderWielen</u>	Street: <u>2000 W. Russet Ct Apt #9</u> City: <u>Appleton WI</u> Zip: <u>54914</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Grand Chute</u> (Municipality Name)	<u>12/20/2010</u> (Month) (Day) (Year)	Email Phone (920)
5. Print: <u>Mathew A. Do</u> Sign: <u>Mathew A. Do</u>	Street: <u>1920 W. Russet Ct #8</u> City: <u>Appleton, WI</u> Zip: <u>54914</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Grand Chute</u> (Municipality Name)	<u>01/11/2012</u> (Month) (Day) (Year)	Email Phone (920)

## Certification of Circulator

I, Mathew A. Do, (certify): I reside at 1920 W. Russet Ct #8  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Grand Chute  
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)a, Wis. Stats.

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(Month) (Day) (Year)

Mathew A. Do  
(Signature of Circulator)

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PO Box 16  
Madison, W

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Email

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by  
Committee  
PO Box 250  
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>Aaron Peters</u> Sign: <u>Aaron Peters</u>	Street: <u>1120 Florence St</u> City: <u>Whitewater</u> Zip: <u>53190</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Whitewater</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email: <u>Pet</u> Phone: <u>(920)</u>
2. Print: <u>Michael Schuette</u> Sign: <u>Mich / Schuette</u>	Street: <u>807 Walton Dr</u> City: <u>Whitewater</u> Zip: <u>53190</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Whitewater</u> (Municipality Name)	<u>11/17/2011</u> (Month) (Day) (Year)	Email: <u>Schu</u> Phone: <u>(920)</u>
3. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email: _____ Phone: <u>( )</u>
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email: _____ Phone: <u>( )</u>
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email: _____ Phone: <u>( )</u>

I, Dale Lucassen, (certify): I reside at 11996 Majestic Pine Circle Town of Marion  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 10 / 2012  
(Month) (Day) (Year)  
[Signature]  
(Signature of Circulator)

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Circulators.  
Please include your contact information.

Phone: (920)  
Email: \_\_\_\_\_

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by J

Committee  
PO Box 256  
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONT
1. Print: Dale Lucassen Sign: <i>[Signature]</i>	Street: W1996 Majestic Pines Circle City: Wauwatoma Zip: 54982	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Marion (Municipality Name)	11/24/2011 (Month) (Day) (Year)	Email: lucass Phone: (920)
2. Print: Janice Schultz Sign: <i>[Signature]</i>	Street: 10 Mariest Apt 210 City: Menasha WI Zip: 54952	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Menasha (Municipality Name)	11/34/2011 (Month) (Day) (Year)	Email: Phone: (920)
3. Print: Cheri L. Schultz Sign: <i>[Signature]</i>	Street: 304 Sherry St City: Neenah WI Zip: 54956	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Neenah (Municipality Name)	11/24/2011 (Month) (Day) (Year)	Email: cschu Phone: (920)
4. Print: Joe Lucassen Sign: <i>[Signature]</i>	Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City (Municipality Name)	1/20 (Month) (Day) (Year)	Email: Phone: ( )
5. Print: Joseph J. Lucassen Sign: <i>[Signature]</i>	Street: 638 Bowers Lane City: Kaukauna WI Zip: 54130	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kaukauna (Municipality Name)	11/24/2011 (Month) (Day) (Year)	Email: Phone: (920)

I, Dale Lucassen (certify): I reside at W1996 Majestic Pines Circle Town of Marion  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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(Signature of Circulator)

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# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan

Committee to  
PO Box 2569  
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>David W. Lucassen</u> Sign: <u>David W. Lucassen</u>	Street: <u>N 1996 Majestic Pines Circle</u> City: <u>Wautoma</u> Zip: <u>54982</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Town of Marion</u> (Municipality Name)	<u>11 / 27 / 2011</u> (Month) (Day) (Year)	Email  Phone <u>(920) -</u>
2. Print: <u>Linda A. Rohde</u> Sign: <u>Linda A. Rohde</u>	Street: <u>235 Maple St.</u> City: <u>Redgranite</u> Zip: <u>54970</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Redgranite</u> (Municipality Name)	<u>12 / 3 / 2011</u> (Month) (Day) (Year)	Email  Phone <u>(920) -</u>
3. Print: <u>Karen E. Lucassen</u> Sign: <u>Karen E. Lucassen</u>	Street: <u>N 1996 Majestic Pines Circle</u> City: <u>Wautoma</u> Zip: <u>54982</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Town of Marion</u> (Municipality Name)	<u>1 / 20</u> (Month) (Day) (Year)	Email  Phone <u>(920) -</u>
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1 / 20</u> (Month) (Day) (Year)	Email  Phone <u>( )</u>
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1 / 20</u> (Month) (Day) (Year)	Email  Phone <u>( )</u>

I, Dale Lucassen (certify): I reside at N 1996 Majestic Pines Circle Town of Marion  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 10 / 2012  
(Month) (Day) (Year)

Dale Lucassen  
(Signature of Circulator)

Page No. (Official Use Only)

# 000647

Circulators,  
Please include your contact information

Phone

(920)

Email

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by  
Committee  
PO Box 2  
Madison,

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>Gary Vandenhouten</u> Sign: <u>Gary Vandenhouten</u>	Street: <u>903 maple ST</u> City: <u>Chilton WI</u> Zip: <u>53014</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Chilton</u> (Municipality Name)	<u>12/29/2011</u> (Month) (Day) (Year)	Email _____ Phone ( ) _____
2. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email _____ Phone ( ) _____
3. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email _____ Phone ( ) _____
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email _____ Phone ( ) _____
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email _____ Phone ( ) _____

I, BARBARA J. NITECKI (certify): I reside at 434 CENTER ST.  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

BRILLION  
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 29 / 2011  
(Month) (Day) (Year)

Barbara J. Nitecki  
(Signature of Circulator)

Page No. (Official Use Only)  
# \_\_\_\_\_

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Circulators,  
Please include your  
Phone  
970  
Email  
teka

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CON
1. Print: <u>David Raunio</u> Sign: <u>David Raunio</u>	Street: <u>1712 Eisenhower</u> City: <u>New Holstein</u> Zip: <u>53061</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>New Holstein</u> (Municipality Name)	<u>12/29/2011</u> (Month) (Day) (Year)	Email Phone ( )
2. Print: <u>Donna Raunio</u> Sign: <u>Donna Raunio</u>	Street: <u>1712 Eisenhower St.</u> City: <u>New Holstein</u> Zip: <u>53061</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>New Holstein</u> (Municipality Name)	<u>12/29/2011</u> (Month) (Day) (Year)	Email Phone ( )
3. Print: <u>Ellen Korb</u> Sign: <u>Ellen Korb</u>	Street: <u>444 Jensen St.</u> City: <u>Chilton</u> Zip: <u>53014</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Chilton</u> (Municipality Name)	<u>12/29/2011</u> (Month) (Day) (Year)	Email Phone ( )
4. Print: <u>RICHARD LORECK</u> Sign: <u>Richard Loreck</u>	Street: <u>W2160 DEBRA CT.</u> City: <u>CHILTON</u> Zip: <u>53014</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>CHARLESTOWN</u> (Municipality Name)	<u>12/29/2011</u> (Month) (Day) (Year)	Email Phone ( )
5. Print: <u>Marie Loreck</u> Sign: <u>Marie Loreck</u>	Street: <u>W2160 Debra Ct.</u> City: <u>Chilton</u> Zip: <u>53014</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Charlestown</u> (Municipality Name)	<u>12/29/2011</u> (Month) (Day) (Year)	Email Phone ( )

## Certification of Circulator

I, BARBARA J. NITECKI (certify): I reside at 434 CENTER ST.  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

BRILLION  
(Circulator Municipality)

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12 / 29 / 2011  
(Month) (Day) (Year)  
Barbara J. Nitecki  
(Signature of Circulator)

Page No. (Official Use Only)

000649

Return by  
Committee  
PO Box 2  
Madison,

Circulators,  
Please include your

Phone

920

Email

teko

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by  
Committee  
PO Box 25  
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CON
1. Print: <u>Kelly O'Donnell</u> Sign: <u>Kelly O'Donnell</u>	Street: <u>2333 Prospect St.</u> City: <u>New Holstein</u> Zip: <u>53061</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>New Holstein</u> (Municipality Name)	<u>12/29/2011</u> (Month) (Day) (Year)	Email ( ) Phone ( )
2. Print: <u>Amanda Buechel</u> Sign: <u>Amanda Buechel</u>	Street: <u>W1391 Fur Farm Rd.</u> City: <u>New Holstein</u> Zip: <u>53061</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>New Holstein</u> (Municipality Name)	<u>12/29/2011</u> (Month) (Day) (Year)	Email ( ) Phone ( )
3. Print: <u>Margaret A. Kees</u> Sign: <u>Margaret A. Kees</u>	Street: <u>74 N. Lynwood Dr.</u> City: <u>Hilbert, WI</u> Zip: <u>54129</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Hilbert</u> (Municipality Name)	<u>12/29/2011</u> (Month) (Day) (Year)	Email ( ) Phone ( )
4. Print: <u>Raymond Mallman</u> Sign: <u>Raymond Mallman</u>	Street: <u>Chilton WI 53014</u> City: <u>415 Water St</u> Zip: <u>53014</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Chilton</u> (Municipality Name)	<u>12/29/2011</u> (Month) (Day) (Year)	Email ( ) Phone ( )
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email ( ) Phone ( )

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(Circulator Municipality)

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12 / 29 / 2011  
(Month) (Day) (Year)  
Barbara J. Nitecki  
(Signature of Circulator)

Page No. (Official Use Only)  
# \_\_\_\_\_  
000657

Circulators,  
Please include your

Phone

970

Email

felix@